



# Wait List Agreement

Property Name: Colonial Square Homes, Inc.

Current Date \_\_\_\_\_

Time \_\_\_\_\_

Desired Date of Occupancy \_\_\_\_\_

Amount of Deposit \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Co-Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Single  Married  Divorced  Separated

Daytime Phone \_\_\_\_\_ Ext \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Others who will occupy unit

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Total Household Income \_\_\_\_\_

Unit Selection 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

The depositor hereby acknowledges that upon formal application for a cooperative membership, \$35.00 of the deposit will be a non-refundable credit report fee.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Cooperative Representative